

INDEX OF CLAIMS

<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Allowed <input type="checkbox"/> (Through numeral)... Canceled <input type="checkbox"/> Restricted	<input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> O	Non-elected Interference Appeal Objected
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Cn	Date	Claim	Date
		Final	Original
1		61	101
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50		100	150